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APPLICANTS

Spencer W. Beaufore, Dublin, OH;

Glenn D. Brunner, Dublin, OH;

** CONTINUING DATA ***** *MB*

This appln claims benefit of 60/303,694 07/06/2001

** FOREIGN APPLICATIONS ***** *MB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>MB</i>	Initials		

ADDRESS

26875
 WOOD, HERRON & EVANS, LLP
 2700 CAREW TOWER
 441 VINE STREET
 CINCINNATI, OH
 45202

TITLE

Urinary flow control valve

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)